

rant the above conclusions. Anspach¹² and Kelly¹³ do not mention the subject. Hertzler¹⁴ and Meigs¹⁵ remark that such instances of coexistence have been noted, but say very little about it.

The fact that the pseudomucinous cystoma may occur in the same tumor mass with an ovarian dermoid cyst has given rise to the belief that the two are embryonic tumors and have a common origin. Hertzler,¹⁴ Ribbert,¹⁶ Meigs,¹⁵ and others consider this as a probability. Ribbert¹⁶ believes that the pseudomucin cysts are the entodermal portion of a dermoid anlage, and that these cysts are embryomata in which only the entodermal layer has developed the cyst representing rudimentary intestine. Graves⁸ also remarks on the similarity of its secreting cells to those of the intestinal tract, and therefore concludes that the tumor originated from embryonal entoderm. Needless to say, absolute proof is yet lacking.

Because of the paucity of actual case reports in recent literature, we present the following report.

REPORT OF CASE

Mrs. F. S., age 52, white, widow, came to us first on February 21, 1939, for relief of fatigue, and an enlarging abdomen. Past history was essentially negative, except for a series of painful boils which lasted from August, 1937, to May, 1938. Following a series of staphylococcus toxoid injections, there have been no recurrences. At the age of twenty-two she aborted spontaneously at three weeks. There have been no other pregnancies. Menopause seven years ago at forty-five years of age. Before that the menses were always regular and painless. Six months prior to her visit to us in February, she had begun to notice a slowly enlarging lower abdomen and a tendency to ready fatigue. These factors progressed slowly and steadily until she came to us. She had a constant feeling of crowding and pressure low in the abdomen and pelvis. This had become very noticeable during the preceding week. The patient's work made it necessary for her to spend much time daily on her feet.

General physical examination was essentially negative. The lower abdomen was enlarged to the size of a five and one-half months' pregnancy, with the main tumor mass lying to the right of the midline. The tumor was not ballotable, and on pelvic examination the cervical os was up near the roof of the vaginal vault, almost impossible to locate on ordinary examination. No findings were noted suggesting pregnancy. The tumor felt hard and fixed, and no tenderness was elicited, nor was any fluctuation noted. No ascites, and no level of shifting flank dullness. Moderate pitting edema of both feet was present. No cachexia. The urine was normal. Blood Wassermann and Kahn were negative. Blood count showed: red cells 3,900,000, hemoglobin (Newcomer) 75 per cent, white cells 15,950, with 76 per cent neutrophils, 15 small lymphocytes, 3 large lymphocytes, 5 transitional, and 1 eosinophil.

The abdomen was opened under cyclopropane anesthesia on February 25, 1939, through a midline incision. No ascites was found. Very few adhesions were found and these were of a plastic nature. A large multilocular cystic tumor was then encountered. As this was gradually mobilized, it was found to be replacing the right ovary. It rested immediately on another smaller and smoother cystic tumor replacing the left ovary. The two tumor masses were firmly impacted on top of a small myomatous uterus with

the fundus pushed over into the right side of the pelvic cavity. Both tumor masses were mobilized and extirpated, and a supravaginal amputation of the uterus was done in the usual manner. The appendix was removed. Convalescence was normal except for a moderate attack of pyelocystitis, which occurred three weeks after operation. This subsided rapidly and has not recurred.

The larger right ovarian tumor was ovoid in shape and weighed 2,046 grams. It measured about 15 centimeters in diameter. On sectioning, it was found to be a multilocular cystic tumor, the various compartments being packed with mucinous material. One of the cysts, larger than the rest (7 centimeters in diameter) contained thick sebaceous material, intermingled with hair and a poorly developed bony process. Microscopically, two types of neoplastic structure were seen. One section showed a picture of a dermoid cyst with a lining of stratified squamous epithelium, with sebaceous glands and hair follicles beneath. The others showed many cystic spaces and papillary projections, with a lining of tall columnar epithelium. These cells were packed and distorted by large globules of mucoid material. This material was seen within the spaces, and in some regions stained faintly, while in others it took a deep purple-red stain much as does calcium deposition on the tissues.

The smaller left ovarian tumor weighed 453.6 grams and measured 10 centimeters in diameter. It was unilocular and contained thick inspissated, fatty material, but no hair. On microscopy, its wall consisted of nondescript fibrous tissue, with one small patch of stratified squamous epithelium.

The uterus contained a typical myoma, and the appendix was of the fibrotic obliterative type.

It is interesting to note that bilateral ovarian cysts were present, one of these in the right ovary being associated with a large pseudomucinous ovarian cyst.

COMMENT

1. Although many writers state that ovarian pseudomucinous cysts often occur in the same tumor mass with a dermoid cyst, no definite statistics are available.

2. Good evidence suggests that both tumors are derived from embryonal rests, the pseudomucinous cysts arising from the entoderm, while the dermoid elements arise from the ectoderm.

3. Very few case reports of the combination are reported.

4. The case of a large pseudomucinous ovarian cyst in combination with a dermoid cyst is presented. There was also a dermoid of the opposite ovary.

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HIPPOCRATES' APHORISMS

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SECTION ONE

1. "Life is short and Art is long,"
Says wise Hippocrates;
Be cautious, and proceed with care,
In dealing with disease.

Thy judgment and experience
May fail you, as your skill;
Seek from thy patient and his nurse
Their help and their good will.
2. Do not permit sick persons to be drained,
Unless the body's poisons call for purging;
And do not cause such drain by giving
drugs,
Unless the indications are quite urging.

¹² Anspach, B. M.: "Gynecology," pp. 384 and 388, Philadelphia and London, J. B. Lippincott Company, 1921.

¹³ Kelly, H. A.: "Gynecology," p. 736, New York and London, D. Appleton & Company, 1928.

¹⁴ Hertzler, A. E.: "Surgical Pathology of the Female Generative Organs," p. 110, Philadelphia, Montreal, and London, J. B. Lippincott Company, 1932.

¹⁵ Meigs, J. V.: "Tumors of the Pelvic Organs," p. 248, New York, The Macmillan Company, 1934.

¹⁶ Ribbert, H.: "Geschwulstlehre," p. 650, Bonn, F. Cohen, 1904.

3. Beware of drastic drugs in obese athletes;
Don't push the fasting cure to the extreme;
The safest and the best plan for the healer
Is using just a moderate régime.
5. The more severely diet is restricted,
The sooner will rebellious patient break
The rule, will overeat and later suffer
Both for the doctor's and his own mistake.
6. In treating dangerous, acute diseases,
When life's flame flickers at the gates of death,
Don't hesitate to use heroic measures:
They may avail and save your patient's breath.
- 7-11. When sickness storms at its full height and fury
And the patient suffers from acute distress,
Put him on a severe, starvation diet;
But lighten it, when sickness 's getting less.
12. A healer may forecast the length of illness
By noting when some symptoms usher in,
Such as in pleurisy expectoration,
Excreta from the kidneys, bowels, or skin.
- 13-14. The "vital heat" in aged folks is low;
Hence, they stand easier the lack of food
Than youngsters, in whom body-heat is glowing;
Methinks that starving children is not good.
15. In winter and in spring, when bowels are hottest,
The body needs much more of sleep and rest;
So in these seasons do not stint thy patient,
But give him all the food he can digest.

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Cites Small Industries' Need for Preventive Medical Aid.—The valuable achievement which the medical profession would make by solving the problem of extending qualified preventive medical assistance to small plants, through the joint agencies of private practice and public health administration, is emphasized in *The Journal of the American Medical Association* in an editorial on "Medicine in Industry."

"Industry deals with men as well as with machinery and materials," the editorial points out. "Only recently, however, has industry begun to realize that the man who operates the machine and who fabricates the material is its most valuable asset. As this conviction grows, fostered by both manufacturing and trade associations, employers are beginning to look more and more to the medical profession for assistance in conserving the physical welfare of man power. Already medicine has, under a variety of circumstances and in all types of industry, so convincingly demon-

strated its value in reducing lost time from preventable accidents and diseases that it has come to be considered quite as indispensable as any other of industry's maintenance functions.

"Probably it will never be easy to bring to industry generally the advantages of medical and engineering control over unhealthful industrial exposures. Aside from those ordinary activities of medical service in industry usually included under emergency surgery, industrial hygiene and physical supervision, the essential functions of industrial medicine demand study of technologic changes and the introduction of new materials, and the development of methods of control. These difficult procedures require integration and coordination, functions which constitute for the profession at large the principal objectives of the Council on Industrial Health of the American Medical Association.

"Of equal complexity is the problem of unequal distribution of medical service to industry. Large plants, on the whole, have found themselves in the best position to organize medical services. Yet, contrary to common impression, industry in this country is made up predominantly of small units. Ninety-seven per cent of all manufacturing concerns employ fewer than 250 men, and almost 70,000 of them employ five wage-earners or fewer. In this segment of industry, accident and disease experience is thought to be less favorable on the whole than in large plants. In this same segment the principal medical service received is first aid and emergency surgery and care of compensable disability. From the point of view of preventive industrial medical service, the field of the small plant is almost unexplored. When it is found possible to extend qualified preventive medical assistance to such concerns, through the joint agencies of private practice and public health administration satisfactory to those who supply the service and to those who receive it, an achievement will have been recorded in which all elements in the medical profession can take lasting satisfaction."

Use X-Rays in Diagnosing "Bends."—Evidence that the diagnosis of the "bends," an occupational hazard of divers and tunnel workers, can be supported by x-ray pictures is presented by Doctors J. O. Gordon and C. H. Heacock of Memphis, Tennessee, in *The Journal of the American Medical Association*.

The "bends," characterized by severe pain in the abdomen and knees, occur when a worker who has been subjected to an unusual amount of air pressure comes up to the surface too speedily, thereby making possible the formation of bubbles in the body tissues from nitrogen absorbed in breathing compressed air.

The case reported by the authors is that of a tunnel worker who because of injuries was not adequately "decompressed" before being taken to the hospital. In the hospital, x-rays of his knees were taken and bubbles of gas were seen on the pictures. These bubbles were absorbed, which was also revealed by x-ray study. No permanent injury to the joints resulted.

The Tennessee men believe that this is the first case reported in which the diagnosis of the "bends" was supported by x-ray study.

A seven-year survey of the incidence of tuberculosis in New York City, conducted by the City Health Department indicates that about 2.5 per cent of the population is afflicted with the disease and that about 85 per cent of those so afflicted are unaware of the fact. The highest percentage of tuberculosis—5.3 per cent—is to be found among the city's homeless men and the lowest among the college students—0.2 per cent.—New York City Health Department of Health, 1940.